

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	P5	: 66621	6/2
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FORMALITY REVIEW	rly	8.21	7.17
RESPONSE FORMALITY REVIEW	M.H.	625	03-12-61
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## INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	l	Interference
_	(Through numeral) Canceled	Α	Appeal
:	Restricted	0	Objected

Claim   Date   Claim   Date   Claim   Date   Claim   Date     Claim   Date   Claim   Claim   Date   Claim   D	T "T T" T— →
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50 100 150	

If more than 150 claims or 10 actions staple additional sheet here

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